

STATE OF LOUISIANA  
DEPARTMENT OF LABOR  
OFFICE OF WORKERS' COMPENSATION

\_\_\_\_\_\* SS#: \_\_\_\_\_

VERSUS \* DOCKET NO: \_\_\_\_\_

\_\_\_\_\_\* DISTRICT: \_\_\_\_\_

MOTION FOR RECOGNITION OF RIGHT TO SOCIAL SECURITY OFFSET

NOW INTO COURT as undersigned comes \_\_\_\_\_,  
employer/insurer in the referenced case, and requests the Workers' Compensation Judge to enter an order  
recognizing its right to take the reverse offset, since the claimant in this matter is receiving permanent total  
disability benefits under the Louisiana Workers' Compensation Act in addition to benefits under 42 U.S.C.  
Chapter 7, Subchapter II, entitled Federal Old Age, Survivors, and Disability Insurance Benefits.

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(PRINT NAME)

Agent for \_\_\_\_\_

LDOL-WC-1005A

Rev. 1/98